

**REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Address to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application No.	10/530,999
Filing Date	August 23, 2005
First Named Inventor	Loccufier
Group Art Unit	2854
Examiner Name	Zimmerman, Joshua D.
Attorney Docket No	234918
Client Reference No	GSGN02093

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

1. Submission required under 37 CFR 1.114

- a. ☐ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on
(Any unentered amendment(s) referred to above will be entered.)
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on
- iii. ☐ Other:
- b. ☒ Enclosed
- i. ☒ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Form PTO-1449
- v. ☐ Copies of References listed in Form PTO-1449
(except for U.S. patents and applications)
- vi. ☐ Other:

2. Miscellaneous


- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; fee under 37 CFR 1.17(i) required.)
- b. ☐ Applicant claims small entity status. See 37 CFR 1.27
- c. ☐ Other:

3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

- a. ☒ Please charge Deposit Account No. 12-1216 in the total amount indicated below. A duplicate copy of this transmittal sheet is enclosed herewith.
- i. ☒ RCE fee of \$790.00 (large entity) required under 37 CFR 1.17(e)
- ii. ☒ One-month extension of time fee of \$120.00
- iii. ☐ An extension for _____ has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total amount of extension now requested.
- iv. ☒ Petition for an extension of time (including the period noted above, if checked), as well as for any additional period necessary to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee.
- v. ☐ Suspension of action fee of \$130.00 (37 CFR 1.17(i))
- vi. ☐ Other:
- vii. ☐ Claim fee

\$790.00
\$120.00

CLAIM FEE	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE	ADD'L CLAIM FEE	RATE	ADD'L CLAIM FEE	
TOTAL	35	MINUS	35	= 0	x 25=	\$	x 50=	\$	
INDEPENDENT	2	MINUS	3	= 0	x 100=	\$	x 200=	\$	
<input type="checkbox"/>	FIRST PRESENTATION OF MULTIPLE CLAIM					+ 180=	\$	+ 360=	\$
Claim fee total									
Total amount to be charged to Deposit Account								\$910.00	
b. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any deficiencies in the above fees or to credit any overpayments to Deposit Account No. 12-1216									

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED			
Name (Print/Type)	Xavier Pillai, Ph.D.	Registration No. (Attorney/Agent)	39,799
Signature		Date	May 2, 2007
Address	Leydig, Voit & Mayer, Ltd. Two Prudential Plaza, Suite 4900 180 North Stetson Avenue Chicago, Illinois 60601-6731	Phone	(312) 616-5600 (telephone) (312) 616-5700 (facsimile)